UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

In re:)	
Matthay Saan Dataat)	Casa No. 17 05205 hb
Matthew Sean Poteat Natasha Lynn Poteat)	Case No. 17-05205-hb
fka Natasha Lynn Swigert)	Chapter 13
_ ,)	
Debtors.)	

STATEMENT OF CHANGE

TAKE NOTICE that the debtors are filing an amendment to **Voluntary Petition** to correct the spelling of the debtor's name. The original petition incorrectly listed the debtor's name as Mattew Sean Poteat. The correct spelling is Matthew Sean Poteat.

/s/ Sharon K. Butler
Sharon K. Butler
Attorney for Debtor(s)
Post Office Box 6974
Spartanburg, SC 29304
(864) 597-0316
(864) 597-0317 fax
District Court I.D. # 6147

November 2, 2017

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

In re:)	
)	a
Matthew Sean Poteat)	Case No. 17-05205-hb
Natasha Lynn Poteat)	
fka Natasha Lynn Swigert)	Chapter 13
)	
Debtors.)	
VERIFICATION OF A	MENDED VO	LUNTARY PETITION
VERRITORIUM OF 1	IVIET (BEB V C	
In accordance with the Rankrunt	cy Pules 1008 a	nd 1009, the undersigned debtors hereby
in accordance with the Bankruph	cy Ruies 1006 a	nd 1007, the undersigned debtors hereby

The undersigned debtors certify under penalty of perjury that the foregoing is true and correct to the best of their knowledge, information and belief.

	/s/ Matthew Sean Poteat			
	Matthew Sean Poteat			
November 2, 2017				
	/s/ Natasha Lynn Poteat			
	•			
	Natasha Lynn Poteat			

submit the attached amended Voluntary Petition.

UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

In re:)	
)	
Matthew Sean Poteat)	Case No. 17-05205-hb
Natasha Lynn Poteat)	
fka Natasha Lynn Swigert)	Chapter 13
)	
Debtors.)	

CERTIFICATE OF SERVICE

I hereby certify that I have on the 2nd day of November 2017, served a copy of the **Statement of Change, Verification of Amendment, and Amended Voluntary Petition** on the following parties by electronic notification via CM/ECF:

Gretchen D. Holland, Trustee 20 Roper Corners Circle, Suite C Greenville, SC 29615

U.S. Trustee's Office Strom Thurmond Federal Building 1835 Assembly Street, Suite 953 Columbia, SC 29201-2448

I hereby certify that I have on the 2nd day of November 2017, served a copy of the **Statement of Change, Verification of Amendment, and Amended Voluntary Petition** on the parties listed on the attached mailing matrix by mailing copies thereof by U.S. Postal first class mail.

/s/ Sharon K. Butler
Sharon K. Butler
Attorney for Debtor(s)
Post Office Box 6974
Spartanburg, SC 29304
(864) 597-0316
(864) 597-0317 fax
District Court I.D. # 6147

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670 East Main Street

Spartanburg SC 29302-1286

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P 0 Box 152

Waupaca WI 54981-0152

Case 17-05205-hb District of South Carolina Spartanburg Wed Nov 1 14:03:53 EDT 2017 BorrowersFirst, Inc

ct of South Carolina

Credit One Bank
P O Box 98873
Las Vegas NV 89193-8873

Crescent Bank and Trust P O Box 2460

P O Box 163207 Austin TX 78716-3207

Chesapeake VA 23327-2460

Department of Education / Nelnet 3015 Parker Road Suite 400 Aurora CO 80014-2904 Diversified Consultants P O Box 551268 Jacksonville FL 32255-1268

Emergency Center Physicians c/o Medicredit Inc P O Box 1629 Maryland Heights MO 63043-0629 First Premier Bank 3820 North Louise Avenue Sioux Falls SD 57107-0145

Greenville Health System 701 Grove Road Greenville SC 29605-4295

Greenville Heritage Federal Credit Union P O Box 2564
Greenville SC 29602-2564

Greenville Memorial Hospital P O Box 19051 Greenville SC 29602-9051 Guild Mortgage Company 5898 Copley Drive 4th Floor San Diego CA 92111-7916

Healthcare Receivables Group for Greenville Health System 318 Nancy Lynn Lane Suite 21 Knoxville TN 37919-6045

Healthcare Receivables Group for Greeville Hospital 318 Nancy Lynn Lane Knoxville TN 37919-6030

> Lendmark Financial Services 120 Dorman Commerce Drive Suite I

Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia PA 19101-7346 Kay Jewelers 375 Ghent Road Akron OH 44333-4600

Spartanburg SC 29301-2649

Mary Black Health System 1700 Skyln Drive Spartanburg SC 29307-1041 Mary Black Physicians Group P O Box 19000 Belfast ME 04915-4085 Medical Data Systems, Inc 2001 9th Avenue Suite 312 Vero Beach FL 32960-6413

Medicredit, Inc P O Box 1629 Maryland Heights MO 63043-0629 Midland Funding LLC 2365 Northside Drive Suite 300 San Diego CA 92108-2709 Nelnet on behalf of ECMC Educational Credit Management Corp PO Box 16408 St. Paul MN 55116-0408

OneMain 3720 Boiling Springs Road Suite K Boiling Springs SC 29316-6211 PRA Receivables Management, LLC PO Box 41067 Norfolk, VA 23541-1067 Personify Financial Applied Data Finance 11956 Bernardo Plaza Drive #144 San Diego CA 92128-2538

(p) PORTFOLIO RECOVERY ASSOCIATES TO C-hb PO BOX 41067 NORFOLK VA 23541-1067

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337 Long Branch Road Chesnee, SC 29323-9141

Premier Federal Credit Union P O Box 26590 Greensboro NC 27415-6590

Republic Finance, LLC 1234 W Floyd Baker Blvd Suite A Gaffney SC 29341-1414

Sharonview Federal Credit Union P 0 Box 2070 Fort Mill SC 29716-2070

South Carolina Department of Revenue P 0 Box 12265 Columbia SC 29211-2265

Spartanburg County Delinquent Tax Office P O Box 3060 Spartanburg SC 29304-3060

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Spartanburg Physcians Billing c/o Medicredit Corporation P 0 Box 1629 Maryland Heights MO 63043-0629

Spartanburg Regional Medical Center 101 East Wood Street Spartanburg SC 29303-3072

Sprint P O Box 105243 Atlanta GA 30348-5243

US Department of Education c/o Nelnet 121 South 13th Street Suite 201 Lincoln NE 68508-1911

Upstate Carolina Radiology c/o Receivable Management Group 2901 University Blvd #29 Columbus GA 31907-7601

Webbank / Fingerhut 6250 Ridgewood Road Saint Cloud MN 56303-0820

Wells Fargo Bank, N A P 0 Box 522 Des Moines IA 50306-0522

> The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Portfolio Recovery 120 Corporate Blvd Suite 100 Norfolk VA 23502

(d) Portfolio Recovery Associates, LLC POB 12914 Norfolk VA 23541

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Fill in this information to	identify your case:		
United States Bankruptcy	Court for the:		
DISTRICT OF SOUTH CA	AROLINA		
Case number (if known)	17-05205	Chapter you are filing under:	
		☐ Chapter 7	
		☐ Chapter 11	
		☐ Chapter 12	
		■ Chapter 13	■ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1	Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1. Y	our full name			
٧	Vrite the name that is on	Matthew		Natasha
p	our government-issued icture identification (for	First name	_	First name
	example, your driver's	Sean		Lynn
III	cense or passport).	Middle name		Middle name
	Bring your picture dentification to your	Poteat		Poteat
	neeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
u	All other names you have used in the last 8 years include your married or			FKA Natasha Lynn Swigert
3. Cy	Only the last 4 digits of your Social Security number or federal ndividual Taxpayer dentification number	xxx-xx-9327		xxx-xx-5839

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Debtor 1 Matthew Sean Poteat Natasha Lynn Poteat

Case number (if known)

17-05205

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	337 Long Branch Road Chesnee, SC 29323-9141	If Debtor 2 lives at a different address:		
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Spartanburg County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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	btor 2 Natasha Lynn Pot				Case number (if known)	17-05205	
Pai	rt 2: Tell the Court About	Your Bankrupt	cy Case				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7					
	choosing to file under						
		☐ Chapter 11					
		☐ Chapter 12	2				
		Chapter 13	3				
8.	How you will pay the fee	about ho order. If	ow you may pay. T	ypically, if you are paying the	fee yourself, you may pay witl	in your local court for more details h cash, cashier's check, or money ay with a credit card or check with	
				nstallments. If you choose this ents (Official Form 103A).	s option, sign and attach the A	Application for Individuals to Pay	
			•	` ,	option only if you are filing for	r Chapter 7. By law, a judge may,	
		but is no applies	ot required to, waive to your family size	e your fee, and may do so onl	y if your income is less than 1 e fee in installments). If you ch	50% of the official poverty line that oose this option, you must fill out	
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
		Dis	trict	When	Case nur	mber	
		Dis	strict	When	Case nur	mber	
		Dis	strict	When	Case nur	mber	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
		De	btor		Relationsh	ip to you	
		Dis	strict	When		ber, if known	
		De	btor		Relationsh		
		Dis	trict	When	Case num	ber, if known	
11.	Do you rent your residence?	■ No. G	o to line 12.				
	residence:	☐ Yes. H	as your landlord o	btained an eviction judgment a	against you and do you want t	o stay in your residence?	
] No. Go to lir	ne 12.			

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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Debtor 1 Matthew Sean Poteat

Deb	otor 2 Natasha Lynn Pot	eat		Case number (if known)	17-05205		
Par	Report About Any Bu	sinesses	You Own as a Sole Proprie	etor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta				
	it to this petition.			ox to describe your business:			
			☐ Health Care Busi	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as o	defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))			
			☐ None of the abov	re			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1 U.S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am not filing under Cha	pter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to	o the definition in the Bankruptcy		
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the	definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have An	/ Hazardous Property or Ar	ny Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?				
	- ·			Number, Street, City, State & Zip Code			

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Debtor 1 Matthew Sean Poteat
Debtor 2 Natasha Lynn Poteat

Case number (if known) 17-05205

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

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	tor 1 Matthew Sean Pot tor 2 Natasha Lynn Pot		Documen	t Page 11	OT 12 Case number	: (if known) 17-05205	
	itataona zymi i ot				cace named	(1.100)	
Part							
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incindividual primarily for a personal, family, or household purpose."				
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily bus money for a business or investigation				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you ow	e that are not consu	mer debts or business	s debts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7	7. Go to line 18.			
after any exem	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do are paid that funds will be avai			erty is excluded and administrative expenses	
	administrative expenses are paid that funds will		□ No				
	be available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000		2 5,001-50,000	
	you estimate that you owe?	☐ 50-99		☐ 5001-10,00		☐ 50,001-100,000	
		☐ 100-1 ☐ 200-9		☐ 10,001-25,0	J00	☐ More than100,000	
19.	How much do you	□ \$0 - \$	G50,000	□ \$1,000,001		☐ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?	□ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million			1 - \$50 million	□ \$1,000,000,001 - \$10 billion	
				☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
		— • • • • • •			•		
20.	How much do you estimate your liabilities	□ \$0 - \$	•	\$1,000,001		□ \$500,000,001 - \$1 billion	
	to be?	_	001 - \$100,000		1 - \$50 million 1 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	
			Ψ.00,00: Ψ000,000		00,000,001 - \$500 million		
Part	: 7: Sign Below						
_	you	I have ex	amined this petition, and I deck	are under penalty of	periury that the inform	nation provided is true and correct.	
	•	If I have	chosen to file under Chapter 7,	I am aware that I ma	y proceed, if eligible,	under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.	
		If no attorney represents me and I did not pay or agree to produce to light the latter of the latter and the notice required by				an attorney to help me fill out this	
		I request	st relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
			tcy case can result in fines up to			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,	
		-	thew Sean Poteat		/s/ Natasha Lynn		
			w Sean Poteat e of Debtor 1		Natasha Lynn Po Signature of Debtor		
		Executed	MM / DD / YYYY			rember 2, 2017 / DD / YYYY	

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Debtor 1 Matthew Sean Poteat

Debtor 2 Natasha Lynn Poteat

Case number (if known)

17-05205

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Sharon K. Butler	Date	November 2, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
Sharon K. Butler		
Printed name		
Sharon K. Butler, Attorney at Law Firm name		
Post Office Box 6974		
Spartanburg, SC 29304-6974		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	
6147		
Bar number & State		